

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42004

1. PLACE OF DEATH

County St. Francis Registration District No. 1115
Township Liberty Primary Registration District No. 6021
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 16

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

14. NAME

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

16. MAIDEN NAME

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

18. INFORMANT (ADDRESS)

19. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

20. UNDERTAKER (ADDRESS)

21. FILED

12/15

1931

F. S. A. Bydeen

Registrar

22. DATE OF DEATH (MONTH, DAY, AND YEAR)

23. I HEREBY CERTIFY, That I attended deceased from

Oct, 1931, to Dec 12, 1931

I last saw her alive on Dec 12, 1931. Death is said

to have occurred on the date stated above, at 1:05 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myeloiditis

Date of onset

Other contributory causes of importance:

Chronic myeloiditis

Name of operation

What test confirmed diagnosis? Chronic Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

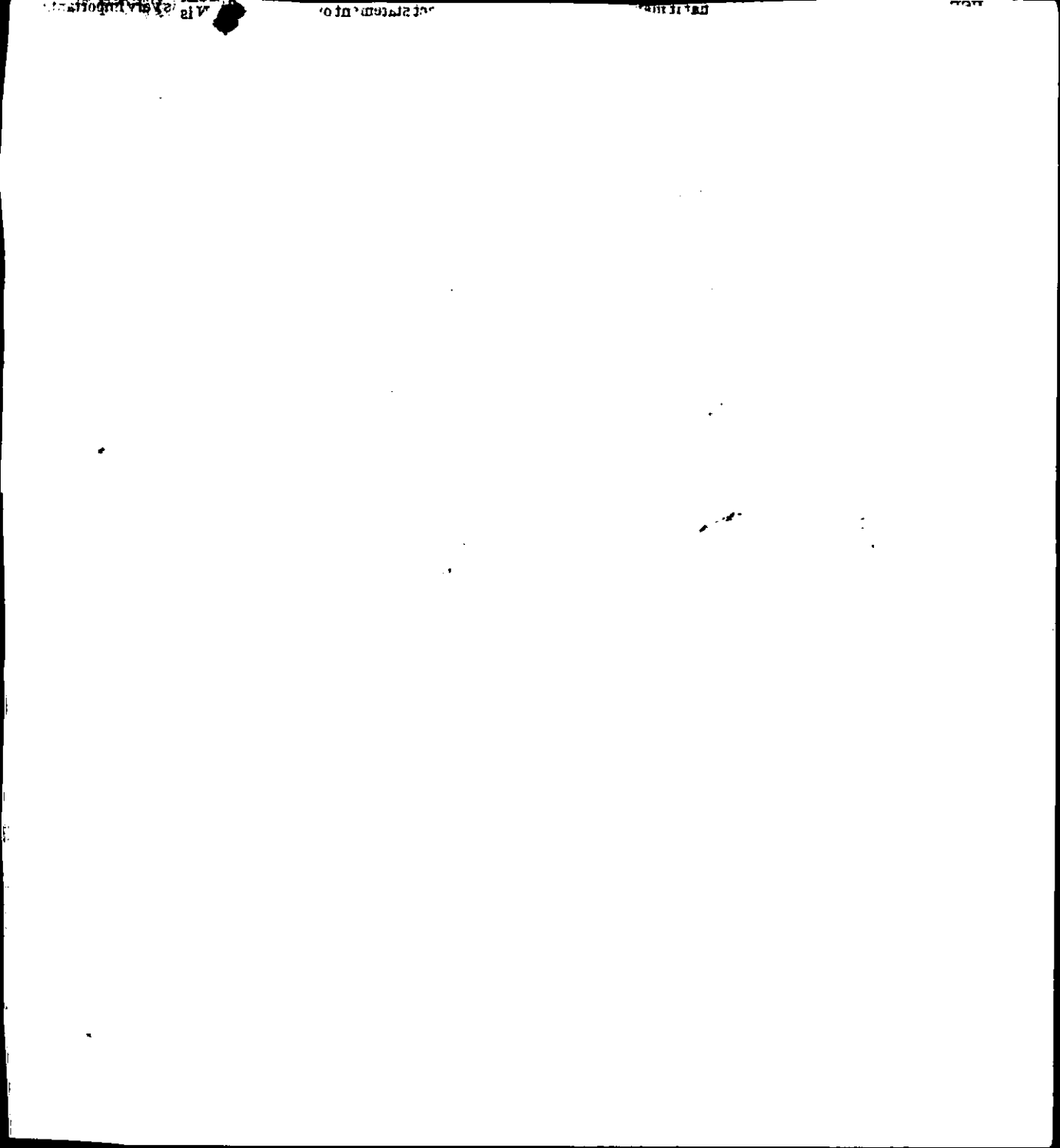
If so, specify

(Signed)

(Address)

Clyde C. Winter, M. D.

Farmington Mo



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francis
Township Liberty
City _____ (No. _____)

Registration District No. 1115-
Primary Registration District No. 6021

File No. _____
Registered No. 16 St. _____ Ward _____

2. FULL NAME

Pauline Wampler
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5-1875

7. AGE YEARS 56 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 2/3 1932 G. A. Rydeen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

5-42004